

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 193Registered No. 186

## 1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township Globe or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Ellin Helen Loraine Stovall  
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child 7. To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes. 7. Date of birth 7-21-25  
 Month Day Year

8. FATHER  
 Full name Edward Franklin Stovall

9. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Marshall Texas  
 (State or country)

13. Occupation Auto Salesman.  
 Nature of industry

14. MOTHER  
 Full maiden name Josephine Hayes

15. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Lower California  
 (State or country)

19. Occupation Housewife.  
 Nature of industry

20. Number of children of this mother 1  
 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1  
 (b) Born alive but now dead 0  
 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:45 P. m. on the date above stated  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams  
Globe Ariz.  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_

Address \_\_\_\_\_

Month, day, year

523-721-182

Filed 7/30, 1925 W. W. Wood  
 Registrar

Registrar

MARGIN RESERVED FOR BIN.  
 WR. PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.